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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|----------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Agam, Leedor |
| Title | Security Token |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10242-0006 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:Place Customer
Number Bar Code
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| Name | Registration Number |
|-------------------|---------------------|
| John F. Letchford | 33,328 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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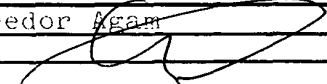
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OR

| | | | | | |
|-------------------------------------------------------------|-------------------------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | John F. Letchford | | | | |
| Address | Klehr, Harrison, Harvey, Branzburg & Ellers LLP | | | | |
| Address | 260 S. Broad Street | | | | |
| City | Philadelphia | State | PA | Zip | 19102 |
| Country | USA | | | | |
| Telephone | 215.569.3495 | Fax | 215.568.6603 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|-------------------------------------------------------------------------------------|
| Name | Leedor Agam |
| Signature |  |
| Date | Aug. 7, 2002 |
| Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

☐ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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
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| | | | |
|-----------|-------------------------------------------------------------------------------------|-----------|--|
| Name | Yanki Margalit | | |
| Signature |  | | |
| Date | Aug. 7, 2003 | Telephone | |

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☒Firm or
Individual Name

John F. Letchford

Address

Klehr, Harrison, Harvey, Branzburg & Ellers LLP

Address

260 S. Broad Street

City

Philadelphia

State

PA

Zip

19102

Country

USA

Telephone

215.569.3495

Fax

215.568.6603

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Name

Dany Margalit

Signature

Date

Aug. 7, 2003

Telephone

-

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| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 10242-0006 |
| | First Named Inventor | Agam, Leedor |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | |
| | Art Unit | |
| | Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Security Token

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

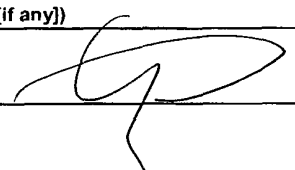
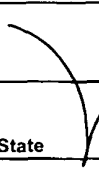
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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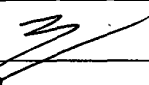
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DECLARATION — Utility or Design Patent Application

| | | | | | |
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| Direct all correspondence to: <input checked="" type="checkbox"/> | | Customer Number or Bar Code Label | | OR | <input type="checkbox"/> Correspondence address below |
| John F. Letchford | | | | | |
| Name | | | | | |
| Klehr Harrison Harvey Branzburg & Ellers LLP | | | | | |
| Address 260 South Broad Street | | | | | |
| Philadelphia | | | PA | | 19102 |
| City | | | State | | ZIP |
| USA | | 215-569-3495 | | 215-568-6603 | |
| Country | | Telephone | | Fax | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name Leedor (first and middle [if any]) | | | Family Name Agam or Surname | | |
|  Inventor's Signature | | | | Aug. 7, 2003 Date | |
| Ramat Aviv | | State | | Israel | Israel |
| Residence: City | | State | | Country | Citizenship |
| 9 Harav Ashi Street | | | | | |
| Mailing Address | | | | | |
| Ramat Aviv | | State | | ZIP | Israel |
| City | | State | | ZIP | Country |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name Yanki (first and middle [if any]) | | | Family Name Margalit or Surname | | |
|  Inventor's Signature | | | | Aug. 7, 2003 Date | |
| Ramat Gan | | State | | Israel | Israel |
| Residence: City | | State | | Country | Citizenship |
| 6 Carmeli Street | | | | | |
| Mailing Address | | | | | |
| Ramat Gan | | State | | ZIP | Israel |
| City | | State | | ZIP | Country |
| <input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

| | | | |
|-----------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------|------------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Dany | | Family Name or Surname Margalit | |
| Inventor's Signature  | | Date Aug. 7, 2003 | |
| Residence: City Ramat Gan | State | Country Israel | Citizenship Israel |
| Mailing Address 10 Kiryati Street | | | |
| Mailing Address | | | |
| City Ramat Gan | State | ZIP | Country Israel |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

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